

Rapid testing and access to HCV treatment - paradoxical perceptions of health professionals. Results of ANRS-Cube Research

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Context of ANRS-Cube research

- Despite a high level of HCV testing among drug users (91% but at least once during lifetime), **one third of HCV positive drug users are still not aware of their serological status in France.**
- **A dramatic increase of injecting at-risk practices** between 2004 and 2013 : from 19% to 37% IDUs declared having shared a syringe once in the last month.
- HCV screening need to be much more frequent and their access has to be made easier for drug users.
- Even though drug users have access to testing during lifetime, **the health workers perceptions that drug users can socially incorporated can depart them from frequent testing**, whereas previous test result is rapidly obsolete regarding repeated risk behaviors.

Context of ANRS-Cube research

- A number of international studies have shown that offers of rapid HIV screening done by **community organizations** succeed to be attractive among priority populations, mainly MSM and are also effective in terms of the linkage to care.
- The reasons of success of rapid HIV screening among MSM are :
 - the intake and care teams' **outreach**,
 - the **physical and symbolic proximity** to the clients,
 - the adaptation to the **needs and living conditions** of the group.
- Our research project (called ANRS-Cube) is aimed at **determining the appropriateness of expanding this type of offer to combined HIV/HBV/HCV screening to several priority populations (MSM, transgender people mainly sex workers and drug users) with high exposure to the one or more of these three viruses and who are far removed from healthcare and screening.**



Main objectives of the research

The research objectives are to determine the acceptance and feasibility of :

- The **offer of rapid combined screening** (measuring the proposal, acceptance and carry-through rates);
- The **linkage to care** (percentage of individuals who test positive for one or more of the viruses and who access care for their HIV, HCV, HBV or coinfections);
- The **offer of HBV vaccination** (measuring the proposal, acceptance and carry-through rates).



Methodology (1)

- A multidisciplinary research on the compliance to HIV, HCV and HBV rapid testing and linkage to care in a medical, associative and community-based context, was settled in 2014.
- This “ANRS-Cube” research is a combination of an epidemiological interventional study led among 1600 persons (from September 2014 on) and a **sociological study concerning the perception of this experimentation.**

Methodology (2)

- This sociological part started ahead, in December 2013. The targeted population is composed of three sub-groups: drug users, MSM and transgender people (mainly sex workers).
- The methodology is qualitative : based on 9 focus groups gathering healthcare and harm reduction professionals (3 focus groups before, and 6 during and after the intervention) and on 40 interviews with the beneficiaries of this new offer of prevention (planned to be done between July 2014 and July 2015).
- The preliminary results are based on the focus groups done with health professionals and harm reduction workers before the implementation of the intervention.
- My intervention will focus on health professionals and especially on harm reduction workers discourse about drug users.

Preliminary results (1)

- The preliminary results of the qualitative study highlight the reluctance of professionals working with MSM to discuss the drug use patterns, considered as a private matter, when proposing the rapid test.
- Concerning the transgender sex workers, drug use linked to sexual risk behavior in the course of their work is always addressed by the professionals working in this field.
- Harm reduction professionals also emphasize their reluctance to discuss sexual practices with drug users in the same context.
- More globally, health professionals declare they are reluctant to speak about sex or drug use with their patients because it is considered as intimacy.
- Some of them declare that they are afraid to talk about screening .
"I prefer not proposing HCV test to drug users because I don't feel comfortable with giving them the result if the test is positive". (harm reduction worker - doctor)

Preliminary results (2)

- Nowadays, “drug users’ irresponsibility” stereotypes are still present among health workers included also harm reduction staffs.
- Drug users are still perceived as a population with difficulties to be tested, because of economic, social and psychiatric reasons.
“Testing is not a priority for them. The priority is “how can I find money to pay my crack”. What we have to manage with them is first to find a place for sleeping each night before giving them a result of HCV testing or an access to treatment. We have to do social work instead of doing harm reduction work.” (harm reduction worker - doctor)
- Drug users are also seen as willing to do HCV test never for protecting their community.
“The majority of drug users doesn’t care with HCV testing when we proposed them to do the test. They only accept to be tested when they feel tired” (harm reduction worker - nurse).

Preliminary results (2)

- Among health workers, this representation is inseparable from an **ethical concern** on the feasibility of the follow-up of people in precarious situation.

“For some drug users, this new offer of HCV testing can be an opportunity to be seen as a citizen, an opportunity to be socially recognized ” (harm reduction worker)

- Health workers are confronted to **paradoxical perceptions** that limited them to propose HCV testing and HCV access to treatment for drug users.
- This paradoxical perceptions have a **negative impact on the willingness of drug users to ask for HCV testing** because a majority of drug users are convinced themselves that they will be **excluded from access to HCV treatment due to their “irresponsability”**.

Conclusion

- Focus groups were a valuable space for the professionals, allowing them to express their fears but also their ethical and logistic concerns on the implementation of rapid testing and access to HCV treatment.
- They also discussed the inadequacies of current missions in their own centers.
- It also was the space to make a projection of the implementation of the protocol, with several discussions on how to approach sexual risk behavior and rapid testing benefits with drug users in a context of risk exposure.
- Reluctances but also strong expectations exist concerning the benefits of a community based, rapid testing including peer involvement.
*"If a drug user will accept to be tested and will be able to receive HCV treatment, he can after talk about his experience to other drug users. The peer experience can work to mobilize other to be tested. With drug users, the process of "communitarism" can be efficient to improve HCV testing."
(harm reduction worker – nurse")*



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